

**Isleta Behavioral Health Services Prevention Program  
Participant Registration, Liability Release and Informed Consent Form**

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**If you have questions regarding this form please call Isleta Behavioral Health Services at 505.869.5475**

*This registration packet is required for attendance at any Isleta Behavioral Health Services Prevention Program event. It MUST be signed by the participant or by the Parent/Guardian of a Minor Participant (if under 18 years of age). Minor Participants must sign inside the box on the last page.*

Participant's Name \_\_\_\_\_ Date: \_\_\_\_\_

(If under 18) Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alternate Telephone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Emergency Notification: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alternate Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**Background Information**

Isleta Behavioral Health Services Prevention Program (IBHSPP) is an action-oriented, experienced-based approach to personal growth. Participants may be asked to become engaged in a series of mentally and physically challenging activities such as cooperative games, trust-building activities, problem-solving initiatives, adventure challenge courses and expressive arts activities. During and following the activities, discussions or debriefing focus on seeing and understanding communication patterns, relationships, problem-solving techniques and areas of competence.

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**Understanding / Assumption of Risk**

During some of the activities, participants may be asked to take physical and emotional risks. The physical and emotional well-being of participants is always a priority of IBHSPP facilitators. Individuals are given a choice as to their degree of participation. The types of possible risks that may occur during the activities vary significantly based on the individual participant as well as activity type. These risks may include physical risks such as running, jumping, stretching, lifting, and other physical exertion which may result in pulled or strained muscles, tripping, broken bones, or other serious injuries. Emotional risks may include close personal contact, self-disclosure, trust, giving/receiving support, and expressing feelings of anger, fear, and/or affection. Participant or Parent/Guardian of Minor Participant recognizes and acknowledges that by participating in the IBHSPP program there are certain physical and emotional risks.

Participant or Parent/Guardian of Minor Participant understands that IBHSPP will try to provide reasonable care and attention to the health and comfort of participants. Participant or Parent/Guardian of Minor Participant agree to assume and accept the full risk of any injuries, illness, damages, or loss, which Participant may sustain as a result of participation in any and all activities, connected or associated with IBHSPP. Participant or Parent/Guardian of Minor Participant understands that participants should be free of any physical, medical, and/or mental conditions that may create excessive risk to Participant or others. If in doubt, Participant will seek medical advice before participation in IBHSPP. Participant or Parent/Guardian of Minor Participant also agrees to inform the facilitators of any situation(s) that may be a danger to Participant or others. These situations may include: a) broken equipment, b) feeling sick or very tired, and c) having difficulty performing a skill. As a participant in the IBHSPP program, participant or Parent/Guardian of Minor Participant also agree to abide by all established rules and regulations set forth by the staff and understand that failure to comply with these rules may result in my removal from the session. Participant or Parent/Guardian of Minor Participant also agrees to allow Pueblo of Isleta staff to transport Participant to and from program sites, and that such activity involves the risks inherent in vehicle travel.

## INSURANCE

Participant or Parent/Guardian of Participant represents that he or she has adequate insurance to cover any injury or damage participant may cause or suffer while participating. To the extent insurance is not available, Participant or Parent/Guardian of Minor Participant agrees to bear the costs of such injury or damage to him or herself. Participant or Parent/Guardian of Minor Participant agrees to assume the risk of any medical or physical condition the Participant may have.

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## WAIVER OF LEGAL CLAIMS

Participant or Parent/Guardian of Minor Participant hereby agree to indemnify, waive, release, and forever discharge the Pueblo of Isleta to include IBHSPP, its employees, officers, administrators, directors, shareholders and contractors from all claims arising out of this program, whether caused by negligence, breach of contract or otherwise, for bodily injury, death, property damage or loss.

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### **FOR THE PARTICIPANT OR PARENT/GUARDIAN OF MINOR PARTICIPANT (IF PARTICIPANT IS UNDER 18 YEARS OLD):**

I have read and understand the *Background Information*, *Understanding and Assumption of Risk*, and *Insurance and Waiver of Legal Claims* sections of this document. I understand the nature and risks of the program activities. I, or my child participant, is voluntarily choosing to participate in the program activities. I have carefully read this agreement and understand its contents, and I sign it of my own free will. I am aware that this agreement includes a release of liability, and is a binding contract between IBHSPP and myself, and it likewise shall be binding on my heirs, executors, administrators and assignees. Additionally, if I am a Parent/Guardian of a Minor Participant, I have explained the nature of the activities and risks involved in participation with IBHSPP.

\_\_\_\_\_  
Signature of ADULT Participant OR Parent/Guardian of Minor Participant

\_\_\_\_\_  
Date

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## AUDIO-VISUAL RECORDINGS RELEASE

*(This is optional)*

In order to provide quality services, photographs and/or video recordings may be taken of the IBHSPP sessions. These photographs/tapes are used as part of the program or to promote programs. The participants and/or the staff may review these photographs/tapes as a means for exploring personal interactions and behaviors. The photographs/videotapes will be destroyed following the participant's involvement in the program upon request. The photographs/videotapes will not be used for any other purposes not related to IBHSPP programs without the participant's written permission on a separate release form.

I give IBHSPP the right and permission to use, reuse, and/or publish photographic and/or video graphic materials taken of me or my child while participating in the IBHSPP program(s). I understand that these photographs and videotapes may be used in educational settings, and/or in professional publications and/or conferences. I further understand that these materials can be used without limitation, reservation, or compensation, other than the receipt hereby given. I waive any right to inspect and/or approve the photograph and/or videotape. I further understand that my names and other identifying features (i.e., residency, place of residency, place of employment, and school) will be kept confidential. Any of these identifying features that may appear in a photograph or videotape will be omitted. This consent is given for any photographs and/or videotapes which have been taken, are about to be taken, or will be taken.

\_\_\_\_\_  
Signature of ADULT Participant OR Parent/Guardian of Minor Participant

\_\_\_\_\_  
Date

# CONFIDENTIAL MEDICAL HISTORY& AUTHORIZATION FOR MEDICAL CARE

Participant's Name: \_\_\_\_\_ Medical Health Insurance Carrier: \_\_\_\_\_

Physician's Name and phone number: \_\_\_\_\_ Policy #: \_\_\_\_\_

*Because of the physical nature of some of the experiential activities, it is important for the facilitators to be informed of all medical conditions of the potential program participant. If you have had any of the following conditions or are currently experiencing them, please check **yes or no** next to the number and circle specific condition and/or give details next to the question. Use additional sheets, if necessary. If you have any questions about these statements, consult your physician.*

## YES NO

1. ☐ ☐ Any problem with vision or hearing...requires glasses or hearing aid?
2. ☐ ☐ Any problems with teeth...use of denture or bridge?
3. ☐ ☐ Frequent infection of throat, tonsils, sinuses, ears?
4. ☐ ☐ Chronic cough, bronchitis, bloody sputum, or asthma? Do you carry an inhaler?
5. ☐ ☐ Dizzy spells, fainting convulsions, persistent headaches, or problems with motion sickness?
6. ☐ ☐ Chest pains on exertion or deep breathing?
7. ☐ ☐ Palpitation of the heart, irregular heart beat, heart murmurs or poor circulation?
8. ☐ ☐ Frequent nausea or vomiting, food intolerance or heartburn?
9. ☐ ☐ Frequent diarrhea or blood in the stool?
10. ☐ ☐ Frequent abdominal cramps or hernia?
11. ☐ ☐ Difficult or abnormal urinating, burning or pain on urination, or kidney infection or stones?
12. ☐ ☐ Chronic pain in neck, back, shoulders, arms or legs?
13. ☐ ☐ Broken bones, joint dislocations, swelling, stiffness or pain, serious sprains, weakness of muscles?
14. ☐ ☐ Any severe injury to head, chest, internal organs?
15. ☐ ☐ Chronic skin problems (rash, infection)?
16. ☐ ☐ ALLERGY to medicines, foods, materials, or insect bites? Do you carry epinephrine?
17. ☐ ☐ Extreme claustrophobia, agoraphobia, acrophobia (strong fear of confined places, open areas or heights)?
18. ☐ ☐ Episodes of depression, anxiety, hysteria or nervousness?
19. ☐ ☐ Excessive and continuing use of alcohol or drugs?
20. ☐ ☐ History of diabetes, thyroid trouble, bleeding problems?
21. ☐ ☐ Reaction to extremes of temperatures, frostbite?
22. ☐ ☐ Severe illness or operation requiring hospitalization or prolonged incapacitation?
23. ☐ ☐ CURRENTLY TAKING ANY MEDICATION? If so, what?  
What are the side effects? \_\_\_\_\_
24. ☐ ☐ Current or recent pregnancy? How recent or how many months pregnant?
25. ☐ ☐ Do you smoke cigarettes? If yes, how many a day?
26. ☐ ☐ Any special dietary restrictions? (ie vegetarian/lactose intolerant?)
27. ☐ ☐ Do your child have any mental health issues? (ADHD, Depression, Anxiety, PTSD, etc.)

Comments:

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To the best of my knowledge, I or my child is physically and mentally able to participate in the IBHSPP. I have (or have assisted my child) in completing the *Medical History* section with health information that is accurate, complete, and true to the best of my knowledge. Should I become incapacitated (or my child becomes ill or injured), I give permission for the IBHSPP staff to render first aid and to seek emergency medical and rescue services for myself or my child.

\_\_\_\_\_  
Signature of ADULT Participant OR Parent/Guardian of Minor Participant

\_\_\_\_\_  
Date

## PARTICIPANT RIGHTS AND RESPONSIBILITIES

Participants in IBHSPP activities and programs have the following rights and responsibilities.

### *Participant Rights Statement*

1. I have the right to receive competent and appropriate program services.
2. I have the right to information on the nature of care, procedures, and treatment that will be provided.
3. I have the right to receive answers to questions or concerns related to services provided.
4. I have the right to participate in the development of individual treatment plans and any subsequent recommendations.
5. I have the right to the knowledge of the credentials and experience of the staff responsible for my care.
6. I have the right to receive respectful treatment by staff.
7. I have the right to receive services that respect my dignity, and protect my health and safety.
8. I have the right to receive services regardless of gender, religion, race, creed, nationality, or sexual preference.
9. I have the right to be reasonably informed of the benefits and risks of all program activities.
10. I have the right to decline to engage in activities that cause me to feel at risk or unsafe, either physically or emotionally.
11. I have the right to be free from any physical or verbal abuse.
12. I have the right to remain free of physical restraints or time-out procedures unless such measures are required for providing effective treatment, or protecting the safety of self or others.
13. I have the right to confidentiality, which means that any personal information shared with IBHSPP staff may not be disclosed to anyone who is not directly associated with IBHSPP, without signed consent by the participant, or the participant's parent/guardian (if under 18 years of age). Exceptions to confidentiality are:
  - a. Court orders
  - b. Threats of harm to self or others
  - c. Disclosure of alleged abuse or neglect
  - d. Signed Information Release to a specific individual or agency.
14. I have the right to request copies of records and reports about me (unless otherwise provided by law).
15. I have the right to initiate a complaint or grievance procedure and to receive appropriate information concerning this procedure upon request.

### *Participant Responsibilities Statement*

1. I will attend all program activities. If there is some reason I cannot attend a program, I will notify staff in advance.
2. I agree to participate in all activities to whatever degree I am able.
3. I agree to abide by any special rules (situational) developed to ensure the health, safety, or and welfare of participants and staff.
4. I will read the above policies concerning my rights.
5. I will not carry knives, blades, firearms, or any weapon while participating in program activities.
6. I will refrain from the use of illegal drugs and from the use of alcohol while involved with IBHSPP.
7. I will refrain from sexual remarks or intimate contact with other participants.
8. I will stay within verbal contact distance unless staff has been succinctly notified of my intent to exceed this distance.
9. I agree to replace or pay for any property damage or loss due my negligence or acting out behavior. (Normal wear and tear is exempted from this agreement.)

I have read and understand that I or my child has these specific rights and responsibilities outlined in the *Participant Rights and Responsibilities* section. I also understand that I as a participant (or as a Parent/Guardian on behalf of a minor participant) have the right to file a grievance if I desire to do so. If I desire to file a grievance, a form for filing the grievance will be sent to me within five working days of its request, along with an outline of the procedures for filing the grievance. The grievance will be reviewed as soon as it is received by IBHSPP, and a written response will ensue within five working days.

\_\_\_\_\_  
Signature of ADULT Participant OR Parent/Guardian of Minor Participant

\_\_\_\_\_  
Date

### **FOR THE MINOR (UNDER 18) PARTICIPANT:**

I have read (or have had explained to me) and I understand the nature and risks of the IBHSPP activities. I also understand and agree to the rights and responsibilities listed in the *Participant Rights and Responsibilities* section of this document. I am voluntarily choosing to participate in the program activities.

\_\_\_\_\_  
Signature of MINOR Participant

\_\_\_\_\_  
Date



Isleta Behavioral Health Services —Prevention Program  
P.O. Box 580 Isleta, NM 87022  
(505)869-5475

### **Isleta Behavioral Health – Prevention Program Equipment Release & Liability**

Your Child will be provided gear and equipment while participating in various prevention activities. Your child is expected to treat all gear and equipment with care and assumes the responsibility for any damaged, lost or stolen equipment he/she has checked out.

**By signing the bottom portion you and your child will be responsible for any payment of damage or replacement of any and all equipment used and checked out by your child while a participant of the Isleta Behavioral Health – Prevention Program.**

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I, \_\_\_\_\_ and my child \_\_\_\_\_,  
Name of parent Name of Child

understand the above information and agree to pay any cost of damage and/or replace any equipment if lost or stolen while my child is a participant of the Isleta Behavioral Health – Prevention Program.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Child Signature Date